



On-Premise Collection Application

Mission Trail Waste Systems may grant on premise collection for garbage, recyclables, and organics for people with physical limitations IF THERE IS NO CARETAKER OR OTHER RESIDENT LIVING ON PROPERTY THAT IS ABLE TO PLACE CARTS OUT FOR CURBSIDE COLLECTION. A description of the physical limitation and verification/Doctor's note is required to complete application.

INSTRUCTIONS: Please print or type the requested information. Return completed form and proof of physical limitation to MTWS at the address printed at the bottom of this page.

Date of Application: _____

Customer Name: _____

SERVICE ADDRESS: _____ MAILING/BILLING ADDRESS (if different from service): _____

Street _____ Street _____

City _____ City _____

State, Zip Code _____ State, Zip Code _____

Daytime Phone _____ Email Address _____

List all occupants living on premises:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I certify that I own or occupy the property address listed above, and that I have a physical limitation that does not allow me to place my carts at the curb for service. I am attaching the following document(s) as proof of my physical limitation:

Signature _____ Date _____

COMPLETED FORMS CAN BE:

emailed to: info@missiontrail.com

faxed to: 650-473-1300

mailed or hand-delivered to: 1060 Richard Avenue, Santa Clara, CA 95050

July 2012





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FOR STAFF USE

ACI Account Number _____ Route Number _____
Regular Quarterly Billing _____ Service Day _____

ELIGIBILITY

Review completed by _____ On _____
MTWS Representative Date

- Approved
- Denied

IF DENIED, REASON:

- Insufficient proof of physical limitation.
- Able-bodied resident living on premise.
- Applicant's name does not match property owner's/account holder's name.
- Other, explain: _____

If approved, internal routing: MTWS Accounting/Files

July 2012

